

# Work Order ID 89668

\*89668\*

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Wednesday, September 05, 2012 1:12:33 PM

Item ID: D350-766-013

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Item Name: Interior Trim, Ceiling

Stop \*NS2\*

Start Date: 8/29/2012 Start Qty: 1.00 \*1\*

Cust Item ID:

Required Date: 8/30/2012 Req'd Qty: 1.00 \*1\*

Customer: CU-DAR001

Reference: RMA RA111391 - RETURN

Approvals: Process Plan: MF Date: 12-09-05 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
IIN D350-766	Rev C								

100

0.00

\*100\*

QC

Quality Control

Memo

INSPECT RA 111391 D350-766-013 X 1 B#81335

KIT IS COMPLETE

ADD NEW PAPERWORK AND LABELS

(DAS 16 9-03) 11/01/22  
CH6002

110

Identify as per dwg & Stock Location: \_\_\_\_\_ 0.00

\*110\*

Packaging

Packaging

Memo

Rev 3.00

CH6002

1x

12-8-11

120

QC21- Final Inspection - Work Order Release 0.00

\*120\*

QC

Quality Control

Memo

0.00

12/9/11

MF 12-09-07

# Picklist Print

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Work Order ID: 89668

Parent Item: D350-766-013

Start Date: 8/29/2012

Required Date: 8/30/2012

Parent Item Name: Interior Trim, Ceiling

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP REV A NEW ISSUE 08/04/08 DL verified by:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D350-766-013 Interior Trim, Ceiling		Manufactured	No				Each	1.0000		1			

Location

Loc Qty

Loc Code

FG112

1

65527

1

8/335 MF 12-09-05

# **RA 111391 D350-766-013**

## **B81335**

Received @ Dart August 22<sup>nd</sup> , 2012  
Inspected@ Dart August 22<sup>nd</sup> , 2012

Customer: EUROCOPTER MALAYSIA  
Customer Contact: BENOIT MARCOUX  
Shipped from: SUBANG SELANGOR MY

Instructions for RA 111391 D350-766-013 B81335 CHG002

- Kit is complete
- Needs new paper work and labels
- Needs new BATCH # to be put back in stock

**Time Estimate** = 1 HOUR ONLY (stores)

**Departments Required:** Stores (restocking)

**Pictures Attached** = NO

**THIS INSTRUCTION SHEET MUST  
BE ATTACHED TO THE  
RESTOCKING WORK ORDER AT  
ALL TIMES!!!!**

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/>              Machining <input type="checkbox"/>              Thermoforming <input type="checkbox"/>              Large Fab <input type="checkbox"/> </div> <div>             Crosstube <input type="checkbox"/>              Small Fab <input type="checkbox"/>              Finishing <input type="checkbox"/>              Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/>              Prod. Eng. Coord. <input type="checkbox"/>              Rec/Store/Packaging <input type="checkbox"/>              Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/>              Quality <input type="checkbox"/>              Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other